

COMPLIANCE CHECKLIST

► Mobile Diagnostic Units

The following Checklist is for plan review of hospital and clinic facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.



= Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

S = Function shared between separately licensed mobile service & host facility.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.

W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-7** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
6. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**3.2-**") and the specific section number.

Mobile Service Licensed Name:

DoN Project Number: (if applicable)

Mobile Service Licensed Address::

Host Facility Name:

Building/Floor Location:

Host Facility Address:

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 140.209(A) (3) ☐ Space shared between host facility & mobile service **or** ☐ Mobile service is licensed under host facility's license
- ☐ Contract or lease agreement for shared space (attach copy)

3.12-1.2 ☐ SITE CONDITIONS

- ☐ Convenient road access for mobile unit
- ☐ max. slope 6%
- ☐ Level concrete pad
- ☐ designed for applicable structural loads
- Policy ☐ Mobile unit secured with pad anchors or wheel blockings
- ☐ Mobile unit protected from vehicular traffic
- ☐ Diesel exhaust min. 25 feet from fresh air intakes for host facility

Utility hookups:

- ☐ electrical power
- ☐ emergency power
- ☐ telephone
- ☐ hot & cold water supply
- ☐ check if service not included in project

140.209(A) ☐ ACCESS TO MOBILE UNIT

- ☐ Enclosed passageway between host facility & mobile unit
- ☐ protection from inclement weather
- ☐ protection from temperature extremes
- ☐ wheelchair & stretcher accessible
- ☐ Route of access to mobile unit in host facility is through outpatient areas, radiology or emergency department

- ☐ Heating
- ☐ Air conditioning
- ☐ Lighting (Policy)

2.1-5.5.3 ☐ COMPUTERIZED TOMOGRAPHY (CT) SCANNING

- ☐ check if service not included in facility

- 5.5.3.1** ☐ CT scanning room sized to accommodate equipment
- ☐ floor area conforms to installation plans from equipment manufacturer

- ☐ Handwashing station
- ☐ Vent. min. 6 air ch./hr

- 5.5.3.2** ☐ Control room
- (1) ☐ view window for full view of patient
- (2) ☐ control operator has view of patient's head
- (3) ☐ film or digital image processing convenient to control room

- ☐ Vent. min. 4 air ch./hr

- 5.5.3.4** ☐ Patient toilet
- ☐ located convenient to CT scanning room

- ☐ Min. 10 air ch./hr (exhaust)
- ☐ Handwashing station

2.1-5.5.5 ☐ MAGNETIC RESONANCE IMAGING (MRI)

- ☐ check if service not included in facility
- ☐ DoN approval letter is attached

- 5.5.5.1** ☐ MRI room
- (1) ☐ floor area conforms to installation plans from equipment manufacturer

- ☐ Handwashing station convenient to MRI room
- ☐ Vent. min. 6 air ch./hr

- (2) ☐ min. 325 sf

- 5.5.5.3** ☐ Control room
- ☐ full view of MRI

- ☐ Magnetic shielding

- 5.5.5.4** ☐ Inpatient holding area
- ☐ convenient to MRI room

- 5.5.5.5** ☐ Computer room

- 5.5.5.7** ☐ Cryogen storage space

- ☐ Vent. min. 10 air ch./hr
- ☐ direct separate exhaust
- ☐ Cryogen venting
- ☐ Emergency exhaust

- ☐ Super-conducting MRI
- ☐ check if service not included in facility

ARCHITECTURAL REQUIREMENTS

- 2.1-5.6.3** POSITRON EMISSION TOMOGRAPHY (PET)
☐ check if service not included in facility
 ___ DoN approval letter is attached
 ___ Scanner room
 Policy ___ floor area conforms to installation plans from equipment manufacturer
A5.6.3 ▪ min. 300 sf
- 2.1-5.6.2** ___ Storage space for individual radionuclides doses
 ___ record keeping space
- 5.6.2.3(1)** ___ floor/wall finish materials easily decontaminated in case of radioactive spills
 ___ radiation shielding
- 2.1-5.6.4.4** ___ Dose administration area
 ___ located near radionuclide storage
 ___ visual privacy
- 3.1-1.4** ENVIRONMENT OF CARE
1.4.1 ___ Design ensures patient acoustical & visual privacy
- 3.1-1.6** FACILITY ACCESS
1.6.2 ___ Building entrance
 ___ grade level
 ___ clearly marked
 ___ access separate from other activity areas
1.6.3 ___ Design precludes unrelated traffic within the facility
- 3.2-1.3.1** PARKING
 ___ Parking spaces for patients & family
 ___ at least two parking spaces for each imaging room
 ___ one space for each of the maximum number of staff persons on duty at any one shift
 (information must be provided in Project Narrative)
- 2.1-5.5.8** SUPPORT AREAS
5.5.8.2 ___ Offices for radiologist(s) & assistant(s)
 ___ provisions for viewing, individual consultation & charting
5.5.8.1 ___ Control desk & reception area
5.5.8.4 ___ Consultation area for radiologist & referring clinician
5.5.8.5 ___ Inpatient holding area
☐ check if mobile service does not serve inpatients
 ___ convenient to imaging rooms
 ___ under staff control
5.5.8.6 ___ Clerical offices/spaces
5.5.8.10 ___ Housekeeping room
 ___ storage space for equipment & supplies
5.5.8.11 ___ Clean storage, for clean linen & supplies
5.5.8.12 ___ Soiled holding
5.5.8.14 ___ Locked storage for medications
5.5.9 ___ Staff facilities
 ___ convenient access to staff lounge & lockers
 ___ toilet rooms

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr
 ___ Vent. min. 6 air ch./hr
 ___ negative pressure
 ___ air directly exhausted to outdoors
 ___ Vent. min. 6 air ch./hr
- ___ Service sink or floor receptor
 ___ Vent. min. 10 air ch./hr (exhaust)
 ___ Handwashing station
 ___ Vent. min. 10 air ch./hr (exhaust)
 ___ Handwashing station
 ___ Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 5.5.10.3** ☐ Patient dressing rooms
☐ convenient to waiting and imaging rooms
☐ seat or bench & mirror
☐ provisions for hanging clothes
☐ provisions for secure storage of valuables
 Film handling facilities:
 Policy ☐ check if service not included in imaging suite
 (only if all imaging data is digitally transmitted & recorded)
- 5.5.8.7** ☐ Darkroom ☐ Min. 10 air ch./hr (exhaust)
☐ located near procedure rooms & quality control area
- 5.5.8.8** ☐ Quality control area ☐ View boxes with consistent lighting for comparison of several adjacent films
☐ located near processor for viewing film after processing
- 5.5.8.9** ☐ Contrast media preparation room **or** ☐ Contrast media storage when pre-prepared media is used ☐ Vent. min. 10 air ch./hr (exhaust)
☐ counter
☐ sink
☐ storage
- 5.5.8.13(1)** ☐ Film storage (active) room
☐ cabinets or shelves for filing and immediate retrieval of patient films
- 5.5.8.13(2)** ☐ Film storage (inactive) room or area
☐ protection from loss or damage
- 5.5.8.13(3)** ☐ Storage for unexposed film
☐ protection from exposure or damage
- 3.1-3** ☐ SERVICE AREAS
- 3.1.1** ☐ Housekeeping rooms ☐ Floor service sink
3.1.1.1 ☐ at least one housekeeping room per floor ☐ Vent. min. 10 air ch./hr (exhaust)
3.1.1.2 ☐ storage for housekeeping supplies & equipment
- 3.1-4.1** ☐ PUBLIC AREAS
- 3.1-4.1.1** ☐ Building entrance
☐ accommodates wheelchairs
- 3.2-3.1.1.3** ☐ convenient to parking
- 3.2-3.1.1.2** ☐ separate entrance to outpatient facility **or** ☐ shared lobby or elevators
☐ from outside grade ☐ handicapped access to outpatient facility
☐ access route separate from unrelated occupied areas
☐ access route separate from service areas of the outpatient facility
- 3.2-3.1.2.1** ☐ Reception & information counter or desk
☐ visual control of outpatient suite entrance
☐ immediately apparent from outpatient suite entrance
- 3.1.3** ☐ Waiting area ☐ Vent. min. 6 air ch./hr
3.1.3.1 ☐ under staff control
3.1.3.2 ☐ at least two seating spaces for each imaging room
3.1.3.4 ☐ space for individuals on wheelchairs within waiting area
- 3.1-4.1.4** ☐ Public toilets ☐ Handwashing station
☐ conveniently accessible from the waiting area ☐ Vent. min. 10 air ch./hr (exhaust)
☐ access separate from patient care or staff work areas

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 3.2-4.1.5** ☐ Telephone for public use
 ☐ pay phone or wall-hung standard phone (local calls)
 ☐ conveniently accessible
- 4.1.6** ☐ Provisions for drinking water
 ☐ conveniently accessible
- 4.1.7** ☐ Wheelchair storage
 ☐ conveniently accessible

3.2-3.2 ☐ ADMINISTRATIVE AREAS

- 3.1-4.2.1** ☐ Interview space
 ☐ provisions for privacy
- 3.1-4.2.2** ☐ General or individual offices for professional staff
- 3.2-3.2.1.1** ☐ Administrative office
 ☐ provisions for privacy
- 3.2-3.2.1.2** ☐ Clerical space
 ☐ separate from public areas
- 3.2-3.2.3** ☐ Multipurpose room
 ☐ adequate for conferences, meetings & health education
- 3.2-3.2.4** ☐ Medical records
 ☐ filing cabinets & space for secure patient records storage
 ☐ provisions for ready retrieval.
- 3.2-3.2.5** ☐ Administrative supply Storage
- 3.2-3.2.6** ☐ Support areas for staff
 ☐ staff toilet
 ☐ staff lounge
- 3.1-4.2.5** ☐ storage for staff personal effects
 ☐ locking drawers or cabinets
 ☐ convenient to individual workstations
 ☐ located for staff control

GENERAL STANDARDS**DETAILS AND FINISHES (3.1-5.2)****Corridors (5.2.1.1)**

- ___ Min. outpatient corridor width 5'-0"
- ___ Min. staff corridor width 44"
- ___ Fixed & portable equipment recessed does not reduce required corridor width
- ___ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project

Ceiling height (5.2.1.2)

- ___ Min. 7'-10", except:
 - ___ 7'-8" in corridors, toilet rooms, storage rooms
 - ___ sufficient for ceiling mounted equipment
- ___ Min. clearance 6'-8" under suspended pipes/tracks

Exits (5.2.1.3)

- ___ Two remote exits from each floor

Doors (5.2.1.4)

- ___ Doors min. 3'-0" wide

Glazing (5.2.1.5):

- ___ Safety glazing or no glazing within 18" of floor

Handwashing stations locations (5.2.1.6)

- ___ located for proper use & operation
- ___ sufficient clearance to side wall for blade handles

Floors (5.2.2.2)

- ___ floors easily cleanable & wear-resistant
 - ___ washable flooring in rooms equipped with handwashing stations (Policy)
 - ___ wet-cleaned flooring resists detergents
- ___ Thresholds & expansion joints flush with floor surface (5.2.1.7)

Walls (5.2.2.3)

- ___ wall finishes are washable
- ___ smooth & moisture resistant finishes at plumbing fixtures

ELEVATORS

- | | | |
|---|-----------|--|
| <ul style="list-style-type: none"> ___ Provide at least one elevator in multistory facility <ul style="list-style-type: none"> ___ wheelchair accessible ___ each elevator meets requirements of 3.1-6.2 | or | <ul style="list-style-type: none"> ___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level |
|---|-----------|--|

PLUMBING**Handwashing station equipment**

- ___ handwashing sink
- ___ hot & cold water supply
- ___ soap dispenser
- ___ hand-drying provisions

Sink controls (1.6-2.1.3.2)

- ___ wrist controls or other hands-free controls at all handwashing sinks
- ___ blade handles max. 4½" long

MECHANICAL (3.1-7.2)

- ___ Ventilation airflows provided per Table **2.1-2**
- ___ Exhaust fans located at discharge end (7.2.5.3(1)(c))
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (7.2.5.4(1))
- ___ Contaminated exhaust outlets located above roof (7.2.5.4(2))
- ___ Ventilation openings at least 3" above floor (7.2.5.4(4))
- ___ At least one 30% efficiency filter bed per Table **3.1-1**